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FACSIMILE TRANSMISSION

June 2, 2006

TO:

UNITED STATES PATENT AND TRADEMARK OFFICE

ATTN:

Examiner: Azad, Abul K

FAX NO.:

571-273-8300

TELEPHONE:

FROM:

Mark J. Henry

RE:

Serial No. 09/942,736

OUR DOCKET: 1454.1067

NO. OF PAGES (Including this Cover Sheet) 13

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COMMENTS:

CENTRAL PAX CENTER

JUN 0 2 2006

								S&H F	om: (02/05)
REPLY/AMENDMENT FEE TRANSMITTAL				Attorney Docket No. 1454.1067			7		
				Application Number		09/942,736			
				Filing Date		August 31, 2001			
i				First Named Horst-Ud		Horst-Udo	HAIN		
·						0054			
				Group Art Unit 2654					
AMOUNT ENCLOSED 0			0.00	Examiner Name		AZAD, ABI	AZAD, ABUL K		
FEE CALCULATION (fees effective 12/08/04)									
CLAIMS AS Claims Remaining Highest Number Number									
AMENDED	Atter Am	After Amendment		Paid For	Extra		Rate		
TOTAL CLAIMS	_	15		20 =	0	X \$ 5		\$ 0.00	
CLAIMS		6		4 = 2		ı	0.00 =	400.00	
Since an Official Action set an <u>original</u> due date of <u>June 2, 2006</u> , petition is hereby									
made for an extension to cover the date this reply is filed for which the requisite fee is									
enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1,590)); (5 months (\$2,150));									•
(\$1,590)); (5 months (\$2,160);								ļ <u></u>	
If Notice of Appeal is enclosed, add (\$500.00)									
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)									
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)								<u></u>	
Total of above Calculations =								\$	0.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)								<u> </u>	
TOTAL FEES DUE = (1) If entry (1) is less than entry (2), entry (3) is "0".								\$	400.00
(2) If entry (2) is less than 20, change entry (2) to "20".									
(4) If entry (4) is less than entry (5), entry (6) is "0". CERTIFICATE OF FACSIMILE TRANSMISSION									
(5) If entry (5) is less than 3, change entry (5) to "3". I haraby contily that this corresponded is bring trans-									
METHOD OF PAYMENT RO. Box 1450 Alexandria, VA 22314-1550									
Check enclosed as payment									<u> </u>
Charge "TOTAL FEES DUE" to the Deposit Account No. below.									···
No payment is enclosed.									<u> </u>
140 payment is enclosed.									
GENERAL AUTHORIZATION If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit									
any overpayment or charge any additional fees necessary to:									
Deposit Account No. 19-3935									
Deposit Account Name STAAS & HALSEY LLP									
The Commissioner is also authorized to credit any overpayments or charge any additional fees provided under									
37 CFR 1.16 (Illing Ices) of 37 CFR 1.17 (processing fees) during the prosecution of this application, including 1									
any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR									
1.53(d)) to maintain pendency hereof or of any such related application.									
SUBMITTED BY: STAAS & HALSEY LLP									
Typed Name Mark J. Henry						Reg. No.	36,16	2	· · · · · · · · · · · · · · · · · · ·
Signature	LM	bly				Date	Jul	2	2006
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